

DID YOU REMEMBER TO????

- ☐ Include your check or money order made payable to the Department of Banking and Finance for the application/investigation fee.
- ☐ Complete **ALL** sections of the application and supplemental information and/or indicate if an item is not applicable.
- ☐ Sign and date the application where required.
- ☐ Provide a statement of fees you will charge to cash checks.
- ☐ Provide list of products and services provided by your business.
- ☐ Complete the Certification of Non-Participation in the Business of Payday Lending form.
- ☐ Submit the Authorization for Background Investigation forms for each Director, Officer, Owner of 10 percent or more, and Supervisory Employee.
 - ▶ Personal Financial Report and Biographical Information (Form 19-6)
 - ▶ Independent Credit Report
 - ▶ Authorization for Background Investigation
- ☐ Provide a copy of the business license from the city or county your business is in.
- ☐ Provide a copy of your Certificate of Incorporation or Partnership Agreement (where applicable)
- ☐ Provide a copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year, OR a copy of the latest income tax return for an existing business. If this is a new company, a pro-forma financial statement may be submitted.
- ☐ Provide a current, valid E-Mail Address. Department communications regarding your license/registration are disseminated via e-mail.

Please note that the Department cannot begin processing your application until we have received a completed application, along with the filing fee required.

If we find that your application is incomplete, it will be returned to you for completion.

If your application is found to be complete, it should be processed within 10 business days of receipt.



Georgia Department of Banking & Finance
2990 Brandywine Road, Suite 200
Atlanta, GA 30341
<http://dbf.georgia.gov>

APPLICATION PACKAGE FOR REGISTRATION TO ENGAGE IN THE BUSINESS OF CHECK CASHING

Please find enclosed the following:

1. Application for Check Cashing Registration
2. List of Required Supplemental Information
3. Financial and Biographical Information (Form 19-6)
4. Background Investigation Authorization Letter
5. Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

Additional sheets may be attached as needed. Before completing the application, you should be sure that you qualify for an exempt registration. **If you do not meet ALL of the following criteria, you will need to apply for a full service license.**

A. QUALIFYING REGISTRATION (\$200.00 investigation/registration fee)

Your business qualifies for a registration **IF** of the following conditions are met:

1. The fee charged for cashing a check does not exceed the greater of \$2.00 or 2% of the face amount of the check, draft, or money order; and
2. The check cashing service **is not** advertised, announced or otherwise promoted as a service. (Advertising **includes** signage on and around your place of business.)
3. IF you charge a fee of any amount **AND** advertise the service, then you **MUST** have a license.

Notwithstanding such exemption from licensing, such persons shall be subject to the requirements and restrictions on the cashing of checks set forth in Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants.

Upon approval of the following application for registration, the ***Regulations, Laws, and Administrative Policies Governing the Sale of Checks, Cashing of Checks, and Money Transmission in the State of Georgia*** will be sent to you along with your registration. This publication is generally updated each year and can be downloaded from the Department's website at: <http://dbf.georgia.gov/msbforms>.

If you have any questions regarding the foregoing or the material contained herein, please feel free to contact the Non-Depository Financial Institutions Division at 770-986-1652.

NOTE: The Department requires applicants to submit Fingerprint Record Cards (set of two for each principal of the company) if further background information is needed. An additional processing fee will be charged if fingerprint cards are required. Request for fingerprint cards may be submitted on line at <http://dbf.georgia.gov/msbforms>, choosing the option [On-Line Reporting/Updates](#), [Fingerprint Card Request Forms](#).

Georgia Department of Banking & Finance
2990 Brandywine Road, Suite 200
Atlanta, GA 30341
<http://dbf.georgia.gov>

Phone: 770-986-1633

Fax: 770-986-1655

APPLICATION FOR CHECK CASHING REGISTRATION
(Please print clearly or type)

Legal Name of Applicant: _____

(Name of individual, partnership or corporation)

Trade Name (D/B/A): _____

Main Office Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mailing Address if different from above: _____

Federal Taxpayer Identification Number: _____

Contact Person: _____

Address of Contact Person: _____

Location of Books and Records: _____

Internet Website(s): _____

Business Structure: () Individual () Corporation () Partnership

Type of business activities to be conducted in Georgia: (as principal)*:

Check Cashing: () Sale of Checks/Payment Instruments: () Money Transmission: ()

***If you perform any of the above activities as an agent for another company, please list the activity and the company(ies)'s name(s):** _____

Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)

Name: _____ Title: _____

Address: _____ % Owned: _____

SSN#: _____

Name: _____ Title: _____

Address: _____ % Owned: _____

SSN#: _____

Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

Name:	_____	Title:	_____
Address:	_____	% Owned:	_____
	_____	SSN#:	_____

CHECK CASHER REGISTRATION

PLEASE REFER TO THE LIST OF REQUIRED SUPPLEMENTAL INFORMATION

Is the applicant or any officer, director, ultimate equitable owner of 10 percent or more, or employee of the applicant or any other business interest of such persons now or have they previously been licensed or registered to engage in the business of cashing checks or selling checks in any other state either directly or as the agent for a licensee? ☐ **No** ☐ **Yes** If yes, attach a statement giving full details including reasons for any termination and financial status of relationship at time of termination.

Has the applicant or any officer, director, ultimate equitable owner of 10 percent or more, or employee of the applicant or any other business interest of such persons ever been denied a license or registration to engage in the business of cashing checks or selling checks directly or as an agent of another? ☐ **No** ☐ **Yes** If yes, attach a statement giving full details.

The following persons are currently employed by the applicant in a management capacity in addition to those persons listed on page 1 and 2.

Full Legal Name	Position	Social Security Number

List additional locations operated by applicant other than the main office. This should include any locations which are scheduled stops of any mobile facility. Attach additional sheets if necessary.

Street Address	City	County	Zip Code	Telephone

Depository Institutions with which accounts are maintained.

Name of Institution	Branch Location	Account Number	Type of Account

Type of account (1) Cashed Check Clearing (2) General Operating (3) Other

SIGNATURE AND OATH OF APPLICANTS

I hereby swear or affirm that the information contained herein and attachments hereto is true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Chapter 7-1, Article 4A and Chapter 80-3-1 of the Rules and Regulations promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a license to engage in the business of check cashing, and any false statement omission of material information in connection with this application shall be punished as provided by law.

CORPORATE SEAL

Signature of applicant or Authorized Corporate Official

Title

Attest

Title

All Individual and corporate signatures without the corporate seal require notarization:

State of _____

County of _____

On the _____ day of _____, 20____, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

NOTARY SEAL

Notary Public

County

My Commission Expires

SUPPLEMENTAL INFORMATION REQUIRED FOR REGISTERED CHECK CASHERS

The following information is to be provided by all registered check casher applicants. Additional information may be requested following initial review of the application.

1. A copy of the business license from the city/county, or a copy of an application for business license.
2. If applicable, a copy of Certificate of Incorporation from Secretary of State's Office for Corporations. A copy of Partnership agreements for Partnerships.
3. A copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year **OR** a copy of the latest income tax return for an existing business operated by the applicant. If this is a new company, a pro-forma financial statement should be submitted.
4. Information requested in Item 3 should also be provided for any corporation owning more than 25% interest in the applicant.
5. If incorporated in a state other than Georgia, submit evidence that the corporation has qualified to do business in Georgia with the Georgia Secretary of State's Office, and give name and address of agent for service in Georgia.
5. Each Director, Officer, ultimate equitable owner of 10 percent or more and supervisory employee must complete the following and submit with the application:
 - a. Personal Financial Report and Biographical Information (Form 19-6)
 - b. Independent Credit Report
 - c. Authorization for Background Investigation**Note:** Fingerprint cards may be required on these individuals after filing the application.
7. Applicants who wish to defer payment on drafts (payment cannot be deferred on checks) must provide this Department a surety bond in favor of the Department in the amount of \$10,000.00 for the first location. Contact the Department for forms and further amounts. If you do not defer payments on drafts, please sign a statement to that effect and submit with the application.
8. Provide a complete listing of all products and services provided through locations operated by applicant.
9. Provide a statement of fees to be charged for cashing checks in the form to be posted at each location which cashes checks.
10. Complete and enclose the Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans.

QUALIFYING EXEMPTION REGISTRATION

Attach a copy of Federal Income Tax Return or Profit and Loss Statement for the most recent fiscal year or, if a new company, a Pro-forma Balance Sheet for the current year. ***A Sample Pro-forma Balance Sheet is on Page 7.***

Describe the nature of the business qualifying for the check cashing registration.

Fees to be charged for check cashing \$_____ and/or _____%

Does (will) this business display any signage, advertising, notices, etc., which promotes a check cashing service other than its schedule of fees and its registration certificate issued by the Department?
() No () Yes If yes, describe fully.

Please complete and enclose the Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans.

I hereby certify that the information contained herein and attachments hereto are true and correct to the best of my knowledge. I further understand that an exemption granted pursuant to this request does not exempt the applicant from the provisions contained in Official Code of Georgia Annotated Sections 7-1-700 through 7-1-709, O.C.G.A. as applicable to Registrants and Regulations promulgated by the Department in furtherance of those Code sections as contained in Chapter 80-3-1 of the Department's Rules and Regulations. The provisions of such laws and regulations have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter.

Date: _____

Corporate Seal

Signature of Individual or Officer

Name

Title

SAMPLE PRO-FORMA BALANCE SHEET

ASSETS

(1) Cash on Hand	0
Cash in Bank	0
Savings Accounts	0
Certificates of Deposit	0
 (2) Merchandise & Inventory (<i>at cost</i>)	 0
 (3) Accounts Receivable	 0
<i>(includes loans & notes due from others)</i>	
 (4) Real Estate & Other Fixed Assets	 0
<i>(at current market value)</i>	
 (5) Marketable Securities (<i>at current market value</i>)	 0
 (6) All Other Assets	 0
 TOTAL ASSETS	 0

LIABILITIES & NET WORTH

(7) Accounts Payable (<i>for merchandise</i>)	0
 (8) Notes Payable to Bank & Others	 0
<i>(includes loans from banks, friends, family)</i>	
 (9) Real Estate Mortgages Payable	 0
 (10) All Other Accounts Payable	 0
 TOTAL LIABILITIES	 0
 NET WORTH	 0
<i>(The difference between Total Assets and Total Liabilities)</i>	
 TOTAL LIABILITIES AND NET WORTH	 0



AUTHORIZATION FOR BACKGROUND INVESTIGATION

TO WHOM IT MAY CONCERN:

I hereby authorize and request that all local, municipal, city county, state and federal law enforcement authorities furnish such information as they may have available concerning me, including information regarding criminal records, investigations, background, or other information of whatever kind and nature, whether known to me or otherwise, to the Department of Banking and Finance of the State of Georgia. It is understood that the Department shall be under no obligation to disclose such information to me or any other person and may accept such information under such conditions concerning confidentiality and disclosure as the person providing such information shall require.

A copy of this authorization shall be accepted with the same force and validity as the original.

Signature

Print Full Name

Street Address

City, State, Zip Code

Social Security Number

Date of Birth

Sex
(M or F)

Race
B – Black
W – White
I – American Indian or Alaskan Native
A – Asian or Pacific Islander
H - Hispanic

Date

Witness

FINANCIAL REPORT (Form 19-6)**Section 1**

I, _____
Name **Business Address**

submit herewith the following information and a correct and complete statement of my financial condition as of _____ to the Department of Banking and Finance for its confidential use with regard to an application, in connection with (company) _____.

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown", so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

ASSETS

- 1) Cash on hand and in banks \$ _____
- 2) Notes, loans, and other accounts receivable considered good and collectible _____
- 3) Merchandise and inventory at lower of cost or market value _____
- 4) Real Estate - from Schedule A _____
- 5) Machinery and equipment - at cost less depreciation _____
- 6) Marketable Securities - from Schedule B _____
- 7) Life insurance (face amount \$ _____) Cash surrender value _____
- 8) Other assets - from Schedule C _____

TOTAL ASSETS \$ _____

LIABILITIES

- 9) Accounts Payable \$ _____
- 10) Notes payable to banks - from Schedule D _____
- 11) Notes payable to others - from Schedule E _____
- 12) Real estate mortgages payable - from Schedule F _____
- 13) Interest and taxes due and unpaid - from Schedule G _____
- 14) Other debts and liabilities - from Schedule H _____
- TOTAL LIABILITIES** _____
- 15) **NET WORTH** _____

TOTAL LIABILITIES AND NET WORTH \$ _____

NOTE: Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ _____.

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and address of Debtor or Obligor	Name and address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation Incurred	Due	Current Amount
			\$			\$
				Total \$		

STATEMENT OF INCOME

YEARS				Current Year
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on this page must agree in total with the appropriate item contained in the Financial Statement on Page 1 of this report.

Schedule A - Real Estate Owned

Description and Location	Title in Whose Name	Date Acquired	Percentage of your Interest	Cost of your Interest	Current Market Value
				\$	\$
CARRIED FORWARD TO ITEM 4, PAGE 1 TOTAL					\$

Schedule B - Marketable Securities

Description	Amount	Description	Amount
	\$		\$
CARRIED FORWARD TO ITEM 6, PAGE 1 TOTAL			\$

Schedule C - Other Assets

Description and Basis for Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE 1 TOTAL	\$

Schedule D - Notes Payable to Banks

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 10, PAGE 1 TOTAL			\$

Schedule E - Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 11, PAGE 1 TOTAL			\$

Schedule F - Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 12, PAGE 1 TOTAL			\$

Schedule G - Interest and Taxes Due and Unpaid

Description	Payable To	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 13, PAGE 1 TOTAL			\$

Schedule H - Other Debts and Liabilities

Description	Date Due	Amount
		\$
CARRIED FORWARD TO ITEM 14, PAGE 1 TOTAL		\$

FINANCIAL REPORT**Section II-Biographical Information**

(Name of Applicant) _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Residence Address _____

Length of Residence in Community _____

Marital Status _____ Wife/Husband's Name _____

Social Security No. or Assigned Internal Revenue I. D. Number _____

Trade Names and/or other names used in place of given name _____

List Civic, professional, social, or other organizations in which you have membership

Resume` of Education _____

EMPLOYMENT RECORD
(Include Employment for last 7 years)

Date		Name, Location and Type of Business	Position Held and Nature of Duties; Contact Name and Phone #
FROM	TO		

DISCHARGES AND REQUESTED RESIGNATIONS:

List each employment from which you have been discharged or fired for any reason, or from which you have resigned or quit after being requested to do so by your employer or after having been informed by your employer of an intention to discharge you.

Name and Address of Employer	Date of Discharge or Resignation	Reason or Explanation

BANKRUPTCIES

List all proceedings in bankruptcy, receivership, assignments for the benefit of creditors, and other similar proceedings for the benefit of creditors of which you are or were the subject or of which the subject was a corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition (outcome)

JUDGMENTS

List all civil or administrative judgments or orders issued against you or any corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director by any federal or state court or by any department, agency, or commission of the U.S. Government or any state or municipality, or any foreign government or governmental entity. Furnish copies of all such judgments, orders, opinions, reports of investigation, etc. This information must be supplied for the past seven years.

Title and Nature of Judgment	Date	Name and Address of Court Where Judgment Entered	Name and Address of Holder of Judgment	Amount

OFFENSES

Arrests and Trials

List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, whether or not convicted, in connection with any crime or other offense, other than minor traffic violations. A "business or similar organization of yours" means one in which you now hold or held a ten percent or more ownership interest or occupy or occupied a policy making position in senior management.

Reason Charged or Tried	Name of Charging or Arresting Authority & Name of Court Where Tried	Date and Place (Include city and state where charge, arrest, trial, etc., took place)	Date and Disposition (Statement of Outcome)

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATE

I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Department of Banking and Finance for its confidential use.

Date

Signature in Full

MEMORANDUM

To: Check Cashier Applicants
From: Department of Banking and Finance - Corporate Division
Subject: Deferred Presentment Transactions ("Payday Loans")

The Department continues to receive information that some check cashers may be in the business of making what is commonly referred to as "deferred presentment" or "payday loans." Payday loans, or the taking of a check and holding it for a few days or weeks (until "payday"), then depositing it or requiring repayment of the loan plus a fee or interest exceeding legal limits, are not legal in Georgia (*see the Governor's Press Release below*).

Georgia Governor Sonny Perdue signed legislation to stop abusive payday loans. The law makes it illegal to engage in the business of making certain small loans or advance cash services and other similar activities. The law imposes large fines and prison time on lenders who make short-term loans above the state's 60 percent cap on annual interest rates.

Because the Department is concerned that licensees may be engaging in these activities illegally, the Department of Banking and Finance now requires, pursuant to O.C.G.A. §7-1-701, that as a separate part of your licensure, you certify to the Department that you are not engaged in the making of illegal payday loans. Should the Department discover that any licensee is engaged in the violation of law in the course of its dealings as a licensed check casher, or should the Department find that an involvement with this illegal business, particularly on the premises where check cashing is done, would cause it to question the fitness of the licensee under §7-1-702, we may move to revoke your license under O.C.G.A. §7-1-707.

Kindly return this attached certificate to the Department, notarized or with your corporate seal. Should you have any questions about this letter, please call Corporate Manager-Money Service Businesses Princess Brown at (770) 986-1656.

Press Release

Friday, April 9, 2004

Contact: Office of Communications 404-651-7774

Governor Perdue Signs Payday Lending Bill

Atlanta - Governor Sonny Perdue today signed into law Senate Bill 157, the payday lending legislation.

"This legislation was needed to protect the men and women of our armed forces from unscrupulous lending practices," said Governor Sonny Perdue. "It will also protect unsuspecting Georgians from loans with exorbitant interest rates."

The State Law Department advised the Office of the Governor that there is likely to be litigation challenging this legislation. Because the legislation becomes effective on May 1, 2004, the Governor signed the bill expeditiously so that any such litigation could move forward and give the courts time to act, if necessary, in advance of the effective date of the legislation.

The bill can be accessed on the Georgia General Assembly's website at:

http://www.legis.state.ga.us/legis/2003_04/fulltext/sb157.htm

Certification of Non-Participation in Business of Payday Lending or Deferred Presentment Loans

I hereby swear or affirm that I have applied to become a registrant under Article 4A of Chapter 1 of Title 7, "Cashing Checks, Drafts or Money Orders for Consideration" and that I am not now participating nor intend in the future to participate in the business of making illegal "payday loans". The signing of this certification will not prevent the making of payday loans in the future if the State of Georgia passes a law which specifically permits such activity.

This ____ day of _____, 20__.

(CORPORATE SEAL)

Signature of applicant or Authorized Corporate Seal

Company Name

Title

Attest

Title

or, for non-corporate licensees:

Signature of Licensee or Authorized Official

Title

All individual and corporate signatures without the corporate seal require notarization:

State of _____}

County of _____}

On the _____ day of _____, 20 ____, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

(NOTARY SEAL)

Notary Public

County

My Commission Expires _____